

KENTUCKY BOARD OF VETERINARY EXAMINERS
P.O. BOX 1360, FRANKFORT, KENTUCKY 40602
(502) 564-3296

**Application for Verification and Examination for Licensure
to Practice Veterinary Medicine in Kentucky**

Check applicable box (es):

- ☐ **NAVLE Eligibility Verification**
- ☐ KY State Board Examination Fee: \$ 100.00
- ☐ **Application fee** must be attached Fee: \$ 50.00
- ☐ Special Permit, Upon Completion of File Fee: \$ 50.00
- ☐ NBE and/or CCT, or NAVLE score (s) is being transferred to the Kentucky Board from VIVA (required)
- ☐ **This is an application for reexamination of the above marked examination (Date of last exam _____)**

BOARD USE ONLY	
Approved _____	Denied _____
Date Issued _____	
License Number _____	

Total amount Enclosed \$ _____ Please remit by cashiers check or money order made payable to: Kentucky State Treasurer.

(Please print or type)

All items on this application are mandatory. You must answer fully and completely all questions contained on this application. Insufficient answers or omissions of data requested will be sufficient grounds for rejection of the application.				SS #
1. Full Name: Last First Middle				2. Birthday/Month/Day/Year
3. Mailing Address: Number and Street – (For Correspondence)	City	State	Zip Code	Home Phone Number ()
4. Permanent Residence Address: Number and Street	City	State	Zip Code	Business Phone Number ()
5. Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? [] Yes [] No If Yes, list names(s): _____				Date(s) for Name Change(s)

6. Veterinary College or University

Name and Location of Institution	Attendance		Course	Date of Graduation	Degree Received
	From	To			

7. In what other states do you hold or have you held a license? Written certification of license status from those state boards is required.

State	License Number	Date Issued	How Did You Obtain This License?	Status of License	Period of Practice

8a. Have you ever had your license to practice veterinary medicine revoked, suspended, restricted, or denied in any state or territory, been placed on probation, or entered into a voluntary surrender of your license? [] Yes [] No If your answer is Yes, please specify state, date, charge and circumstances: _____

b. Has any disciplinary action ever been taken against a veterinary license held by you, in this or any other jurisdiction? [] Yes [] No If your answer is Yes, please specify state, date, charge and circumstances: _____

9a. Have you ever been denied the right to take a veterinarian licensure examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you ever been refused a veterinarian license or the renewal thereof in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, or lack of professional competence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is there currently a complaint against your professional conduct or competence as a veterinarian pending in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you been charged with, convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you now, or have you ever been, addicted to, or undergone treatment for the use of narcotics, drugs, prescription drugs or the excessive use of intoxicating liquor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>IF ANY QUESTION(S) IN SECTION 9 ABOVE IS ANSWERED YES, YOU MUST PROVIDE COMPLETE DETAILS AS TO STATE(S), LICENSE NUMBER(S), DATE(S), AND RELEVANT CIRCUMSTANCES:</p> <p>_____</p> <p>_____</p> <p>Please attach a separate sheet of paper if more space is needed to provide information.</p>	
10. Have you ever applied to take a licensing examination in Kentucky?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer is Yes, specify date and which examination: _____	
11. Have you ever taken the NBE/CCT or NAVLE in any state other than Kentucky?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer is Yes, specify date and state: NBE: _____ CCT: _____ NAVLE: _____	
12. Have you ever failed the NBE or CCT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
if answer is Yes, specify which exam(s), state(s) and date(s): _____	
13. Have you ever failed the NAVLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer is Yes, specify state(s) and date(s): _____	
14. Please list below the names, addresses and dates of employment for the last five years:	

15. Do you hereby swear or affirm that you have read and understand the Laws and Regulations Relating To The Kentucky Board Of Veterinary Examiners?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

To complete this application, the following must be included: (a) wallet size photo(s), (b) upon graduation submit a copy of actual diploma or proof of graduation, also (if you have not graduated, send verification that you are enrolled in a College of Veterinary Medicine and status), (c) fee for application and examination(s), (d) your scores for the NBE and CCT or the NAVLE, if already taken, must be transferred to this office from VIVA, (e) letters of good standing from each state in which you are or have been licensed, (f) if you are requesting a special permit upon completion of your file and you have not taken the NAVLE, you must be under the direct supervision of a Kentucky licensed veterinarian and that veterinarian must forward a letter on your behalf stating that you will be practicing under his/her direct supervision during the period of your special permit.

YOU ARE ADVISED, YOU ARE NOT ALLOWED TO PRACTICE VETERINARY MEDICINE IN THE COMMONWEALTH OF KENTUCKY WITHOUT HOLDING A KENTUCKY LICENSE. THERE ARE NO EXCEPTIONS.

I hereby give my permission for the Kentucky Board of Veterinary Examiners to secure additional information concerning me or any of the statements in this application from any source the board may desire. I further agree to submit to questioning by the board or any member thereof, and to substantiate my statements if desired by the board. I further state that all the facts, statements and answers contained in this application are true and correct. I am not omitting any information which might be of value to this board or its determination of my qualifications, whether it is requested or not and I agree that any falsification, omission or withholding of pertinent information or facts in regard to my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Kentucky Board of Veterinary Examiners and any such falsification, omission or withholding shall serve as sufficient grounds for the revocation, cancellation or suspension of my Kentucky Veterinary License.

APPLICATION AFFIRMATION – AUTHORIZATION FOR RELEASE OF INFORMATION	
I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct and swear or affirm that I have read the above statements and agree to same.	
Signature of Applicant	Date (month/ day/ year)